

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CHILD CARE LICENSING UNIT

LAS VEGAS OFFICE	ELKO OFFICE	CARSON CITY OFFICE
3811 W. Charleston Blvd Suite 210 Las Vegas, Nevada 89102 Phone: 702-486-3822 Fax: 702-486-6660	1010 Ruby Vista Drive Suite 101 Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1242	727 Fairview Drive Suite E Carson City, Nevada 89701 Phone: 775-684-4463 Fax: 775-684-4464

DIRECTOR APPLICATION

1. FACILITY INFORMATION

Child Care Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner: _____

Telephone: _____ Fax: _____ Email: _____

Please check all that apply:

☐Center ☐Care for Ill Children (CIC) ☐Institution

Other _____

Application(s) for: ☐Facility Director ☐Care for Ill Children ☐Institution

Other _____

2. BACKGROUND INFORMATION

Name: _____ AKA: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____ Cell: _____

Social Security Number: _____ Birth Date (must be 21) _____

Nevada Driver's License Number: _____ Expiration Date: _____

Citizenship: _____ If not U.S. explain: _____

3. REQUIREMENTS

Date of FBI fingerprinting: _____ Expires: _____ where were prints taken? _____

(ATTACH VERIFICATION)

Have you ever been convicted of any offense or have a pending charge? ☐Yes ☐No

(OMISSION OF INFORMATION IS CAUSE FOR DENIAL OF THIS APPLICATION)

If **YES**, please provide the following information: date (Nevada does not exclude any conviction, regardless of the year it occurred), location, felony, gross misdemeanor or misdemeanor, explain: _____

Date of TB test: _____ **(COPY MUST BE ATTACHED)**

Nevada Registry ID Number and Expiration Date: _____ **(COPY MUST BE ATTACHED)**

Please check the **ONE** that applies (all supporting documentation must be attached):

QUALIFICATIONS PER NRS432A.1773

<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5
BA/AA Early Childhood Education	BA/AA in a related field	High School Graduation/GED with 15 semester hours in Early Childhood Education	Child Development Associate	Combination of experience and education as put per Child Care Licensing
6 Months in Early Childhood Education Experience	15 semester hours of Early childhood Education/related	18 months in Early Childhood Education Experience	12 months in Early Childhood Education Experience	
6 Months Administration experience or course	12 Months Experience in Early Childhood Education	6 Months Administration experience or course	6 Months Administration experience or course	
	6 Months of Administration experience or course			

CURRENT CERTIFICATES FOR THE FOLLOWING INITIAL TRAININGS MUST BE ATTACHED:

CPR, First Aid, Symptoms of Illness/Blood Borne Pathogens, Child Abuse and Neglect, SIDS if applicable, 3 hours of Child Development or positive guidance/discipline

4. EMPLOYMENT RECORD: (EMPLOYMENT MUST BE VERIFIABLE)

List the last positions you have held beginning with your most recent employment. Include **all** early childhood experiences.

1. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours per Week: _____ Ages of Children in Your Care: _____

Duties: _____

2. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours per Week: _____ Ages of Children in Your Care: _____

Duties: _____

3. Employer: _____ Telephone: _____
Address: _____
City/State/Zip: _____
Your Title: _____ Specific Dates of Employment: _____
Number of Hours per Week: _____ Ages of Children in Your Care: _____
Duties: _____

4. Employer: _____ Telephone: _____
Address: _____
City/State/Zip: _____
Your Title: _____ Specific Dates of Employment: _____
Number of Hours per Week: _____ Ages of Children in Your Care: _____
Duties: _____

Please describe your previous experiences working with young children. You may include professional or non-professional experience identifying the ages of the children for which services were provided.

5. REFERENCES

Include written references from at least **three persons**. One reference must be from a local person.

1. Name: _____ Address: _____
City/State/Zip: _____
Relationship: _____ Telephone: _____
2. Name: _____ Address: _____
City/State/Zip: _____
Relationship: _____ Telephone: _____

3. Name: _____ Address: _____

City/State/Zip: _____

Relationship: _____ Telephone: _____

4. Name: _____ Address: _____

City/State/Zip: _____

Relationship: _____ Telephone: _____

5. Name: _____ Address: _____

City/State/Zip: _____

Relationship: _____ Telephone: _____

Please explain why you feel you are qualified to serve as a child care director. Include the regulation section under which you feel you should receive qualification. Provide a detailed explanation if you are requesting an equivalency/combination of education and experience noting the section for which you feel you have an equivalency:

I hereby authorize State of Nevada Child Care Licensing to verify any statements made in this application. I have read, and agree to abide by, the Rules and Regulations pertaining to the specific type of facility for which I am submitting a director application. I further understand that I am responsible for employing only those persons who qualify as defined in NRS 432A. I agree to allow authorized representatives of State of Nevada Child Care Licensing, upon proper identification, to enter the facility during hours of operation to review the facility, records and documents as necessary to ascertain compliance with NRS 432A. and NAC 432A.

Signature

Date

CCL Use Only

Date

Comments

Date application received		
Date application approved or denied		
Date applicant notified of approval or denial/with application returned		
Date incomplete application resubmitted, with missing data included		
Date resubmitted application approved		